## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

10065817

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			14				- [	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/ 4 minus 20=		* _			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*2			X42=		OR	X84=	168-
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	10
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2		TOTAL		OR	TOTAL	908
CLAIMS AS AMENDED - PART II											OTHER	THAN
_	with New American	(Column 1)	(Column			(Column 3)		SMALLE		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X42=		OR	X84=	:
	FIRST PRESE	NIATION OF MI	JLIIPLE DEF	PENDEN	CLAIN		1	+140=.		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDN. PEE			ADDII. I LL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	•	; OR	X\$18=	
	Independent	*	Minus	***	T OL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)			mn 2)	(Column 3)		ngulli fee				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CLABA		4	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Proviously Raid For" IN THIS SPACE is less than 20, enter "20."										ΩB	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												